**2018/2019**

**Nominating Committee Interest Form**

Submit this form and all required attachments to Britney Heald via email, bheald@aasmnet.org, or fax, (630) 737-9790. Please review the AASM Conflict of Interest Policy before volunteering for a committee.

**Contact Information:**

**Name:** **Member Number:** **Address:**

**City, State:            Zip Code:       Email:**

**Primary Specialty:**

[ ]  Pulmonary Medicine [ ]  Neurology [ ] Psychiatry [ ]  ENT [ ]  Nursing

[ ]  Pediatrics [ ]  Internal Medicine [ ]  Behavioral [ ]  Research [ ]  Anesthesiology

[ ]  Family Practice [ ]  Other

**AASM Service: Please provide a brief overview of your leadership activities within the AASM (300-word maximum).**

**Required Attachments:**

***[ ]* CV Summary (2-page max)** **[ ]  Conflict of Interest Disclosure Form** **[ ] Letter of Intent**